OTTAWA DISTRICT HOCKEY ASSOCIATION
OTTAWA DISTRICT MINOR HOCKEY ASSOCIATION

# OFFICIATING PROGRAM

1900 Merivale Road - Suite 204 Nepean, Ontario K2G 4N4

**WWW.ODHAREFS.COM**

# CHOP CERTIFICATION FORM

{PLEASE PRINT CLEARLY, CHECK OFF THE LEVEL BEING CERTIFIED AT, COMPLETE QUESTIONS #1 & #2 & #3, AND FORWARD FORM TO ODHA OFFICE c/o ODMHA Referee-In-Chief}

**CHA CERTIFICATION LEVEL:**

| LEVEL II | LEVEL III | LEVEL IV | LEVEL V |
|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ |

**REFEREE INFORMATION:**

| | |
|---|---|
| LAST NAME: | |
| First NAME: | |

| | |
|---|---|
| ADDRESS: | |
| CITY: | |
| PROVINCE: | |
| Postal Code: | - |

| | | | | |
|---|---|---|---|---|
| Home Phone #: | ( ) | - | | x |
| Work Phone #: | ( ) | - | | x |
| Cell Phone #: | ( ) | - | | x |

| | |
|---|---|
| Email Home: | |
| Email Work: | |

| | | | | | | |
|---|---|---|---|---|---|---|
| BIRTH DATE: | DAY | | MONTH | | YEAR | |
| MALE/FEMALE: | MALE | ☐ | FEMALE | ☐ | | |

| | | | |
|---|---|---|---|
| ODMHA DISTRICT: | | DISTRICT #: | |
| ODHA/ODMHA #: | | | |

**CRITERIA REQUIRED:**

1. **The official must meet the following criteria:**

- The official must be a ***minimum* of 16 years of age** to obtain Level II.
- The official must be a ***minimum* of 17 years of age** to obtain Level III.
- The official must have attended and participated in all sessions of a CHOP Clinic for the level being certified.
- The official must write and pass, with a minimum mark as noted below, the CHA National Exam:
  - ☐ LEVEL II - The official must have obtained a minimum of…**70%…** on the Level II CHA National Exam.
  - ☐ LEVEL III – IV - The official must have obtained a minimum of…**80%…** on the Level III-IV CHA National Exam
  - ☐ LEVEL V - The official must have obtained a minimum of…**90%…** on the Level V CHA National Exam
- The official must pass a practical on-ice evaluation/supervision, completed by a qualified Branch Supervisor:
  - ☐ To be CERTIFIED at Level II - Supervision(s) must be at a minimum **ATOM Referee** level
  - ☐ To be CERTIFIED at Level III - Supervision(s) must be at a minimum **BANTAM Referee** or **MIDGET Lines** level
  - ☐ To be CERTIFIED at Level IV - Supervision(s) must be at a minimum **MIDGET Referee** or **JUNIOR Lines** level
  - ☐ To be CERTIFIED at Level V - Supervision(s) must be at a minimum **JUNIOR B Referee** or **CIAU Lines** level
- ***Copies of the required supervisions (minimum of 1) MUST BE attached with this recommendation for full Certification***

**2. The official must be recommended by the following MINIMUM Level ODMHA Officiating Program administrator:**

- ☐ LEVEL II - The *Association* **OR** *District* Referee-In-Chief (or District R-I-C designate) ONLY.
- ☐ LEVEL III - The *District* Referee-In-Chief **OR** ODMHA Referee-In-Chief (or ODMHA R-I-C designate) ONLY
- ☐ LEVEL IV - ODMHA **OR** ODHA Referee-In-Chief (or ODMHA/ODHA R-I-C designate) ONLY
- ☐ LEVEL V - ODHA Referee-In-Chief (or ODHA R-I-C designate) ONLY

**3. In order to complete his/her on-ice certification in the ODHA/ODMHA, it is highly recommended that the official contributes extra time and effort back as a volunteer, to the Officiating program in his/her local Association or District. The guideline below notes the minimum amount of time recommended ...**

{Examples of some ways an official can contribute as a volunteer include: Assisting officials at a lower level, Supervising, Completing additional exams or quizzes, Assisting Association/District or Branch Referee-In-Chiefs in administering the Officiating Program, etc.}

- ☐ LEVEL II - The official must contribute to his Association or District a **minimum** 2 hours of volunteer time
- ☐ LEVEL III - The official must contribute to his Association or District a **minimum** 4 hours of volunteer time
- ☐ LEVEL IV - The official must contribute to his Association or District a **minimum** 8 hours of volunteer time
- ☐ LEVEL V - The official must contribute to his Association or District a **minimum** 10 hours of volunteer time

**** The official must clearly show in writing below (or by attaching information), how he/she has met the above requirements ****

**This recommendation has been approved by:**

| | | | |
|---|---|---|---|
| NAME: (Please Print) | | POSITION/TITLE: | |
| SIGNATURE: | | DATE: | |

**Comments:**

| |
|---|
| |
| |
| |

**FOR ODHA/ODMHA OFFICE USE ONLY:**

| | | | |
|---|---|---|---|
| **Date Received:** | | **Received By:** | |

| | | | |
|---|---|---|---|
| **Officials file Updated?** | ☐ | **Supervision Forwarded...(to ODMHA RIC or Director of Supervision?):** | ☐ |
| | | **CHA Certification Card mailed to official:** | ☐ |